

Private Providers

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Key Factors Supporting Provider Participation in Immunization Registries

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Key Words: Provider Participation. Registry Research. Provider Surveys. Informatics Model

Background: Private provider recruitment and active participation in a registry is a critical issue for registry success. CDC funded three projects to research factors affecting private provider participation in immunization registries. The Minnesota Department of Health (MDH) was one of those projects.

Objectives: To identify factors affecting a private provider's decision to participate in an immunization registry and to characterize effective ways to maintain active participation of private providers in immunization registries.

Methods: An urban and a rural registry each produced a retrospective and prospective log of registry utilization. Mailed surveys were sent to participating providers from each registry examining the positive and negative impacts of the registry on clinic practices, workflow, and other factors. Five key informant phone interviews were also conducted with physicians from the area served by the rural registry, as were four focus groups with mostly clinic managers and head nurses. The interviews and focus groups explored in more depth both the positive and negative aspects of participation, as well the motivations for sustaining participation.

Results: A total of 70 survey responses from private and public providers in year one (79% average response rate from urban and rural clinics) and 51 from year two (89% response rate from rural clinics only). The loss of funding and key staff in the urban study registry resulted in it being dropped from the study in year two. Providers from the rural registry area overwhelmingly reported: participating in the registry as not too time consuming and in fact, being time-saving; the registry reports as useful, especially in reducing missed opportunities and improving immunization coverage levels in the clinic and in the community; the data as useful in supporting clinical judgement about what shots to give next; that reminder and recall help get parents in on time; the registry data as accurate and adequately protected; and overall as "worth the effort." Clinics reported less certainty about the value of moving the registry to a web-based model, or the value to staff of immunization/ACIP recommendations and other information on the web. Implications for future studies will also be presented, as will factor associated with sustained registry participation.

Conclusions: Providers support participation in immunization registries as long as data reporting and access is not too time-consuming, the start-up costs are not too great, the registry data is useful in improving clinical practice, and physicians understand the purposes and benefits of the registry. Use of the Internet for both registry and provider immunization information may be premature for rural providers, even in large clinics.

Learning Objectives: Understand the most effective ways to both secure and maintain the active participation of private providers in an immunization registry.

Registry Recruitment Toolbox

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Key Words: Recruitment, Marketing, Private Physicians, Outreach

Background: The CNY Immunization Registry is in a position common to registries across the nation, that is; being dependent on successful recruitment of private physicians. Recognizing the need to refine the recruitment process in order to be able to "compete" for the physician's time, it was clear that a formal plan would need to be in place.

Objective: To explain a physician recruitment, support and networking system for an immunization registry.

Methods: Identified the need for and created an integrated theme and appearance for all materials including brochures, newsletter, labels, letterhead and physician recruitment packets. Focus group results and physician needs drove message content. Created a mailing database to be used as a support system for reaching health care providers who participate as well as those still being recruited.

Results: The CNY Immunization Registry has developed a recruitment campaign and support system which allows for efficient and timely dissemination of information. Materials contain messages relevant to partners including managed care plans and schools. This system enables registry personnel to reach pediatricians and family practitioners in the 14 county Central New York area that the registry serves.

Conclusion: Continuing contact, materials, staff support and preparedness are vital in order to attract and retain registry participants.

Learning Objective: Describe effective methods, messages, materials and support systems to recruit and maintain physician participation in a registry.

CDC/GHC Targeted Research: Evaluation of Private Provider Participation within an Immunization Registry in Washington State

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Key Words: Immunization Registries. Private Providers.
Research. Evaluation

Background: Group Health Cooperative of Puget Sound (GHC) in collaboration with the State Department of Health (DOH), the University of Washington, Public Health Seattle & King County and the Snohomish Health District, received CDC funding to identify "the most effective ways to secure and maintain the active participation of private providers in an immunization registry." The registry is CHILD Profile. CHILD Profile was developed as an All Kids Count Project and is endorsed as Washington's statewide electronic immunization registry.

Objectives: Investigate variables influencing private provider recruitment and retention.

Methods: Conduct two discrete investigations. The Recruitment study evaluates how successfully the registry "secures" private providers in three Washington Counties. A random sample of 101 medical organizations receiving public vaccine was surveyed about the decision to participate in a statewide electronic immunization registry. After six months, a follow-up survey was designed to identify barriers and incentives for recruiting providers.

The Retention study investigates how successfully the registry "maintains" provider participation by identifying variables associated with sustained or increased utilization. The utilization status of all medical organizations submitting immunization information to CHILD Profile database in 1998 was assessed and classified. Utilization was determined by tracking the amount and frequency with which users submit immunization data to the registry. A random sample of 29 provider organizations was surveyed to identify variables influencing their utilization. The sample's utilization was monitored using registry data, and after six months, participants were re-interviewed to account for changes in utilization status.

Conclusions: Findings identify barriers and incentives for securing and maintaining providers.

Learning Objectives: Describe barriers and incentives for increasing provider participation. Understand challenges when evaluating provider participation.

One Year – 100% Provider Enrollment: Marketing Baltimore's Immunization Registry

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Key Words: Registry Marketing. Private Providers

Background: The broad acceptance and active participation from local health care providers is critical to the integrity of Registry activities. In July 1998, despite a mandated reporting, only one in five providers were enrolled in Baltimore's Immunization Registry (BIRP).

Objective: Integrate 100% of Baltimore's pediatric health care providers into BIRP activities.

Methods: Create and update a definitive list of pediatric primary care clinics. Establish BIRP as a robust and viable system coupled with an array of technologically appropriate and user friendly support services to both minimize provider burden (i.e.; achieve "best fit" with practice environment) and return value. Focus efforts on providers services high risk populations. Saturate providers with awareness and promotional messages/ materials while building community support. Person-to-person contact and follow up is optimal. Deliver promised services in order to build provider trust. Open the registry system to allow for constructive changes suggested by provider criticism. Use political leverage and legislation to ensure provider participation, as needed. Retaining long-term provider interest in the immunization registry is proving to be more difficult than their initial recruitment.

Results: Over a one year period (July 1998 – July 1999), implementation of a marketing plan grew provider enrollment into Baltimore's Immunization Registry (BIRP) from 18% to 100%.

Conclusions: In Baltimore, a balanced use of mandated reporting and provider incentives integrated within a marketing plan that emphasizes one-to-one contact, customization of support services and a provider voice in how s/he will integrate their practice into an immunization registry has worked to increase provider enrollment.

Learning Objectives: To describe Baltimore's experience in recruiting and retaining health care providers into immunization registry activities.

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Recruiting and Retaining Private Provider Participation in the Idaho Central District Health Department Immunization Registry (CDHDIR)

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Key Words: Private Provider. Immunization Registry. Recruitment. Retention

Background: Registries are believed to assist in increasing immunization rates. The CDHDIR was implemented with the goal of increasing childhood immunization rates in Idaho's Central District and this project attempted to identify solutions to problems which impair the development and operation of the CDHDIR.

Objectives: Identify the most effective ways to secure and maintain the active participation of private provider's in an immunization registry and create a marketing package that addresses those factors.

Methods: A four-phase methodology was used. Phases One and Two included a surveillance of the CDHDIR and qualitative interviews with private providers of childhood immunizations who participated in the CDHDIR and with private providers who did not participate in the CDHDIR. Phase Three analyzed costs of provider registry participation. Phase Four was the creation of a registry marketing package.

Results: Recruitment and retention factors were sorted into three levels that would facilitate successful registry usage: state, provider, and provider staff. Cost of registry participation was broken down by the number of immunizations given per month and a decision tree was created so that providers could chart their own progression through the registry implementation process. The Immunization Registry Advisory Package (IRAP) was created as a marketing tool to recruit and retain private providers.

Conclusions: The CDHDIR was studied so that registry implementation could be streamlined and used statewide in Idaho. It is also possible that IRAP could be used in other states to recruit and retain private providers when immunization registries are implemented.

Learning Objectives: Understand the factors that affect the recruitment and retention of private providers in the CDHDIR and describe the marketing package that assists in this process.

Illinois' Solutions for Sharing Immunization Data with No Legislative Mandate

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Key Words: Data Access Methods. Statewide Registry. Voluntary Participation. Object-oriented Technology

Background: Illinois law does not mandate participation in a statewide immunization registry. The Cornerstone system includes an immunization tracking component and was developed for Illinois' public providers. The TOTS system is designed for private providers. To successfully implement a voluntary statewide immunization registry, TOTS must accommodate providers' requirements and technical capabilities.

Objectives: To define access methods and the benefits to providers. To outline the complexities of developing a statewide registry with voluntary participation. To provide an overview of data security, patient consent, and accommodations for patients who do not consent or who revoke consent to registry participation.

Methods: Explain how the access methods developed to date provide effective solutions to providers. Depict use of reusable objects in multiple components of the TOTS system. Describe the constraints of developing and implementing a statewide immunization registry, including legal and marketing considerations.

Results: Multiple data exchange methods have been developed to meet the needs and technological requirements of Illinois' providers.

Conclusion: For states that do not mandate registry participation, multiple options for accessing immunization data are a means to attract physician participation in a statewide immunization registry.

Learning Objective: An overview of the complexities involved in the development of an Illinois statewide immunization registry with no legislative mandate.

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